| AMENDMENT TRANSMITTAL LETTER  |   |   |                                   |            |              | Docket No.<br>TRB-10302/38 |               |
|---|---|---|-----------------------------------|------------|--------------|----------------------------|---------------|
| Application No.   |   | Filing Date                             |                                   |            | Examiner     |                            | Art Unit      |
| 10/599,016-Conf. #3156  |   | September 18, 2006                      |                                   | B. S. Szma |              | 1                          | 3736          |
| Applicant(s): Land  | don C. G. Mille                             | Γ                                       |                                   |            |              |                            |               |
|   | M AND METH<br>UBSEQUENT                     |   |                                   | . INJUR    | Y DETECTI    | ION, CLA                   | SSIFICATION   |
|   |   | THE COMMI                               |                                   |            |              |                            |               |
| Transmitted herewith is an amendment in the above-identified application.  The fee has been calculated and is transmitted as shown below. |   |   |                                   |            |              |                            |               |
| CLAIMS AS AMENDED   |   |   |                                   |            |              |                            |               |
| Claims<br>Remaining<br>After<br>Amendment   |   | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | :<br>Rate  |              |                            |               |
| Total Claims  | 11  | - 20 =                                  | 0                                 | х          | 26.00        |                            | 0.00          |
| Independent<br>Claims   | 2   | - 3 =                                   | 0                                 | x          | 110.00       |                            | 0.00          |
| Multiple Dependent Claims (check if applicable)   |   |   |                                   |            |              |                            |               |
| Other fee (pleas  |   | OR THIS AME                             | NDMENT:                           |            |              |                            | 0.00          |
|   |   |   |                                   |            |              |                            |               |
| Local Local   |   |   |                                   |            |              |                            |               |
| X   No additional fee is required for this amendment.   Please charge Deposit Account No in the amount of \$                              |   |   |                                   |            |              |                            |               |
| A check in the amount of \$ to cover the filing fee is enclosed.  |   |   |                                   |            |              |                            |               |
| Payment by credit card. Form PTO-2038 is attached.  |   |   |                                   |            |              |                            |               |
| as describe   | r is hereby aut<br>d below. A duj           | plicate copy of                         |                                   |            |              | No0                        | 7-1180        |
| <u> </u>  | iny overpayme                               |   |                                   |            |              |                            |               |
| x Charge  | any additional fi                           | iling or application                    | on processing                     | j fees re  | quired under | 37 CFR 1                   | .16 and 1.17. |
| /Avery N. Gold<br>Avery N. Golds<br>Attorney/Agen   |   |   | Dated:                            | May 2      | 4, 2010      |                            |               |
| GIFFORD, KR<br>2701 Troy Cer<br>Post Office Bo<br>Troy, Michigar<br>(248) 647-600   | nter Drive, Suito<br>x 7021<br>n 48007-7021 |   | ON & CITKO\                       | NSKI, F    | l.C.         |                            |               |
|   |   |   |                                   |            |              |                            |               |